Status as a conference attendee:	□ DIS/	A Custo	omer 🗆	Contractor \square DISA Staff Attending \square	DISA Staff	Support	ing		
First Name, Last Name									
Company/Organization				Duty Title					
Street Address or P.O. Box				City	State	Z	IP		
Commercial Phone		_ <u>D</u>	SN Pho	ne Email Addres	S				
1. Information Session Registra Please place an "X" in up to 4 informa All efforts will be made to inform you o	ition ses	sions pe	r day tha	at you would like to attend. Attendance may	/ be limited d	ue to seat	ting capacit		
						_			
nformation Session AVA and Vulnerability Management	Mon.	Tue.	Wed.	Information Session	Mon.	Tue.	Wed.		
CNOSC				DISN Video Services					
Defense Message System (DMS)				Transport Services					
Content Staging				GIG Bandwidth Expansion					
Virtual Joint Technical Architecture (JTA): JTAOnline				DSN					
Net-Centric Transformation				Updated Status of the Teleport Program					
GCCS Jv4.0 Transition				Provisioning Feedback					
DISN Customer Billing				End-to-End IP Performance Across the GIG					
Defense Collaboration Tool Suite and InfoWorkSpace (IWS)				Performance Management of COCOM Networks					
OoD Business Operations				Network Centric Communications &					
ransformation (Anna)				converged Voice/Data/Video Services					
nformation Assurance (Apps)				Server Consolidation: User and Provider Perspective					
DISA Customer Advocacy				Providing Global Support for GCCS					
Data Services				Information Assurance (CIAE)					
IDEP: System-of-System (SoS) Festing				JITC: Interoperability Certification					
Gold Disk Project				DISA Direct Order Entry					
2. Service Type				6. Registration Fee and Payment	Method				
☐ Federal Employee-Civilian ☐ N				Registration Fee:					
□ Contractor □ MIL: USCG □ MIL: USA □ MIL: USSA			• Before February 28 - \$99 • March 1 – 14 - \$150						
	Other	٠, ١		Onsite Regis					
□ MIL: USN			□ VISA □ MasterCard □ American Express □ Discover						
3. Service Grade (GS, SES, etc.) or Military Rank			□ DD Form 1556 (If selected, you must fax your completed 1556 Form to						
I. Contractors Only - Please p	rovide	DoD or	,	the number provided below)					
Federal Government Sponsor:			Card Number:						
Name:			Exp. Date:						
DOD Office:				Name on Card:					
Phone:				Signature:					
Email:									
5. Please describe any special accommodations you may requ		or		7. To Register Using This Form P	lease Subm	nit Via:			
accommodations you may requ	6.			FAX: (202) 342 – 8258, Attention to	Carlos Pinte	0			